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29505	7590 02/15	/2007				
LAW OFFICE OF DELIO & PETERSON, LLC.  121 WHITNEY AVENUE NEW HAVEN, CT 06510				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
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		YAM				(Signature)
		1	. See Line			(Date)
APPLICATION NO. FILING DATE		(31.7	FIRST NAMED INVENTOR		R ATTORNEY DOCKET NO. CONFIRMATION NO.	
10/707,962 01/28/2004			Lars W. Liebmann		FIS920030378	1961
TITLE OF INVENTION	: ALTERNATING PHA	SE SHIFT MASK DESIG	ON FOR HIGH PERFORM	AANCE CIRCUITR	Y	·
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DU	JE DATE DUE
nonprovisional	NO	\$1400	\$300	\$0 	\$1700 7 MAHMED2 0000039	05/15/2007 <b>999458 19797962</b>
EXAMINER		ART UNIT	CLASS-SUBCLASS	05/09/2007 MAHMED2 00008039 090458 10707962 01 FC:1501 1400.00 DA 02 FC:1504 300.00 DA		070100
ROSASCO, STEPHEN D		1756	430-005000			
<ol> <li>Change of correspondence address or indication of "Fee Address" (3 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  1 DeLio & Peterson, LLC  2 Peter W. Peterson  3 Todd M. C. Li			
			THE PATENT (print or type			day, and have find for
PLEASE NOTE: Un recordation as set fort	less an assignee is ident th in 37 CFR 3.11. Com	affed below, no assignee pletion of this form is NO				document has been filed for
(A) NAME OF ASSI	GNEE		(B) RESIDENCE: (CITY	and STATE OR CO	DUNTRY)	
INTERNATI	ONAL BUSINESS	MACHINES COR	PORATION ARM	MONK, NEW YO	ORK 10504	
Please check the appropr	riate assignee category or	r categories (will not be pr	rinted on the patent):	Individual 🚨 Cor	rporation or other private	group entity Government
4a. The following fee(s)  XX Issue Fee	are submitted:	41	b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.			
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Authorized Signature	Lett.	et to		Date 4	3/2007	
Typed or printed nam	ne Peter W. Pe	eterson		Registration No	o. 31,867	
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